

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

MILWAUKEE COUNTY  
ELECTION COMMISSION

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

2011 FEB -7 P 1:11

Name of Committee

**KRAEGER FOR SUPERVISOR DIST #14**

Street Address

**4975 S. 15<sup>th</sup> PL.**

City, State and Zip Code

**MILWAUKEE, WI 53221-2831**

**RECEIVED**

OFFICE USE ONLY

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing ☒ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$51,325. <sup>00</sup>	\$51,325. <sup>00</sup>	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$51,325. <sup>00</sup>	\$51,325. <sup>00</sup>	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$7372.64	\$7372.64	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$	\$	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 0	\$
Total Receipts	\$51,325. <sup>00</sup>	\$
Subtotal	\$51,325. <sup>00</sup>	\$
Total Disbursements	\$7372.64	\$
<b>CASH BALANCE END OF REPORT</b>	\$43,952.36	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

**LYNN CLARKE**

Signature of Candidate or Treasurer

*Lynn Clarke*

Date: **2-5-2011**

Daytime Phone: **262-510-2078**

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Complete Committee Name

**KRAEGER FOR SUPERVISOR DIST #14**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/9/11	JAMES KUPFERSCHEIDT 2121 E RAISON AVE OAK CREEK, WI 53154	RETIRED	\$100.00	Office Use
1/12/11	MICHAEL J. HOLASEK 3747 E. VAN NORMAN AVE CUDAHY, WI 53110	RETIRED	\$375.00	Office Use
1/25/11	STACY KAAT 2833 LINEBARGER TERR. MILWAUKEE, WI 53207	PHOTOGRAPHER 2833 LINEBARGER TERR. MILWAUKEE, WI 53207	\$0.00	Office Use
1/12/11	STEVEN KRAEGER 4975 S. 15th PL MILWAUKEE, WI 53221-2831	STEVEN KRAEGER TRUCKING 4975 S 15th PL MILWAUKEE, WI 53221-2831	\$850.00	Office Use
1/20/11	STEVEN KRAEGER 4975 S 15th PL MILWAUKEE, WI 53221-2831	STEVEN KRAEGER TRUCKING 4975 S 15th PL MILWAUKEE, WI 53221-2831	\$50,000.00	Office Use
1/1/11				Office Use
1/1/11				Office Use
1/1/11				Office Use
1/1/11				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$51325.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$51325.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$0	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$51325.00	

DISBURSEMENTS  
Gross Expenditures

Complete Committee Name

KRAEGER FOR SUPERVISOR DIST #14

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1/26/11	WALGREEN'S 4730 S 27th ST MILWAUKEE, WI Check if: <input type="checkbox"/> In-Kind Offset	PHOTO DEVELOPING	\$12.20	
1/19/11	CITY OF MILWAUKEE 200 WELLS ST. MILWAUKEE, WI Check if: <input type="checkbox"/> In-Kind Offset	VOTER LIST DOCUMENTS	\$80.80	
1/25/11	SIEMANN'S SIGNS LLC 9953 W. ST. MARTIN'S RD FRANKLIN, WI 53132 Check if: <input type="checkbox"/> In-Kind Offset	SIGNAGE	\$435.07	
1/30/11	STEVE KRAEGER 4975 S 14th PL MILWAUKEE, WI 53221 Check if: <input type="checkbox"/> In-Kind Offset	REIMBURSEMENT	95.10	
1/16/11	LYNN CLARKE 26139 S WIND LAKE RD #3 WIND LAKE, WI 53185 Check if: <input type="checkbox"/> In-Kind Offset	WEB SERVICES	\$400.00	
1/16/11	LYNN CLARKE 26139 S WIND LAKE RD #3 WIND LAKE, WI 53185 Check if: <input type="checkbox"/> In-Kind Offset	WEB HOSTING	\$125.00	
1/20/11	FED EX OFFICE 5907 S HOWELL AVE OAK CREEK, WI 53154 Check if: <input type="checkbox"/> In-Kind Offset	MASS MAILING	\$150.00	
1/27/11	FED EX OFFICE 5907 S. HOWELL AVE OAK CREEK, WI 53154 Check if: <input type="checkbox"/> In-Kind Offset	COPIES	\$21.12	
1/26/11	FED EX OFFICE 5907 S HOWELL AVE OAK CREEK, WI 53154 Check if: <input type="checkbox"/> In-Kind Offset	CREATION CHARGE	\$120.00	
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$1427.09	
TOTAL ITEMIZED EXPENDITURES			\$1427.09	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$20.12	
TOTAL EXPENDITURES			\$	

DISBURSEMENTS  
Gross Expenditures

Complete Committee Name

KRAEGER FOR SUPERVISOR DIST. #14

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1/24/11	FEDEX OFFICE 8907 S HOWELL AVE OAK CREEK, WI 53154 Check if: <input checked="" type="checkbox"/> In-Kind Offset	\$ 414.30	MASS MAILING	
1/24/11	FED EX OFFICE SAME AS ABOVE Check if: <input checked="" type="checkbox"/> In-Kind Offset	\$ 73.91	PRINT BUSINESS CARDS	
1/28/11	FED EX OFFICE SAME AS ABOVE Check if: <input checked="" type="checkbox"/> In-Kind Offset	5445.12	MASS MAILING	
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset			
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 5933.35	
TOTAL ITEMIZED EXPENDITURES			\$ 5933.35	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ -	
TOTAL EXPENDITURES			\$ 7360.44	

**ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial**

Complete Committee Name  
KRAEGER FOR SUPERVISOR DIST #14

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1/12/11	STEVE KRAEGER 4975 S. 15 <sup>TH</sup> PL MILWAUKEE, WI 53221		\$50,850.00	0	\$50,850.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$50,850.00

TOTAL OUTSTANDING LOANS

\$50,850.00

**ADDITIONAL DISCLOSURE**  
In-Kind Estimates

Page 1 of 1

Complete Committee Name  
**STEVEN KRAEGER FOR SUPERVISOR #14**

**SCHEDULE 3-C**

**Estimated Value of In-Kind Contributions Received  
From Individuals and Committees**

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only
1-25-18	STACY KATT 2833 S LINEBARGER TERR MILWAUKEE, WI 53207	I	PHOTOGRAPH SERVICES	225. <sup>00</sup>	225. <sup>00</sup>	

**SCHEDULE 3-D**

**Estimated Value of In-Kind Contributions Given  
To Candidates or Committees**

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only